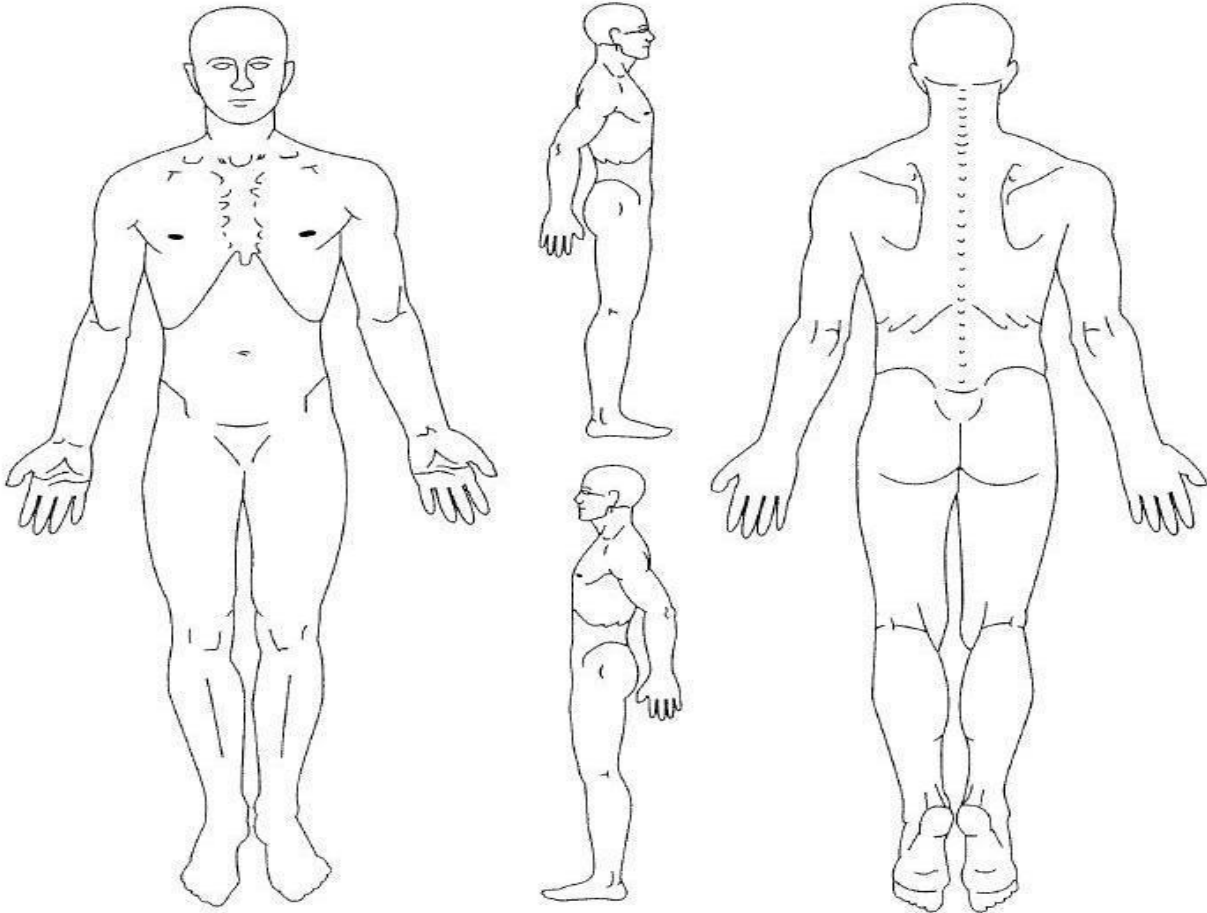


Chart # \_\_\_\_\_

# Disability Index Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_

By using the key below, indicate on the body diagram where you are experience pain.



**A= Ache**

**P= Pins & Needles**

**N= Numbness**

**B= Burning**

**S= Stabbing**

**O= Other**